DOCUMENT RESUME

ED 173 684 CG 013 589

AUTHOR Smith, Kristen Falde; Bengtson, Vern L.
TITLE Positive Consequences of Institutionalization: Solidarity Between Elderly Parents and Their Middle-Aged Children.
PUB DATE 16 Nov 78
NOTE 19p.; Paper presented at the Conference of the Gerontological Society (30th, San Francisco, California, November, 1978) ; Best copy available

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Family Relationship; Gerontology; Institutional Environment; *Institutionalized Persons; *Middle Aged; Morale; *Nursing Homes; *Older Adults; *Parent Child Relationship; Personal Care Homes; Research Projects; Residential Care

ABSTRACT

This research questions the frequent observation that elderly persons in long-term care institutions are isolated from their families, and that institutionalization is the final step in the breakdown of family relations. Data consisted of open-ended interviews with institutionalized elderly parents and with the child most involved with the parent at the time of placement. The data suggests six general patterns reflecting consequences for family relationships as a result of institutionalization: renewed closeness and strengthening of family ties (30%); discovery of love and affection (15%); continuation of closeness (25%); continuation of separateness (20%); quantity without quality interactions (10%); and abdication--institution as a dumping ground. Thus the most prevalent consequences was that of a renewed closeness and strengthening of family ties. This was attributed to a variety of factors. The second most frequent consequence was that of a continuation of family closeness. Together these two consequences, as seen by both generations, represented over half of all families interviewed. These findings suggest that 24-hour institutional care for the elderly parent can support and often strengthen family relationships, especially when relations between generations have been placed under stress by the needs of the older member. Public policy and practice should encourage and exploit such consequences. (Author)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED173684

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Kristen F. Smith

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

POSITIVE CONSEQUENCES OF INSTITUTIONALIZATION: SOLIDARITY BETWEEN ELDERLY PARENTS AND THEIR MIDDLE-AGED CHILDREN *

BEST COPY AVAILABLE

Prepared by

Kristen Falde Smith

Southland Lutheran Home and Geriatric Center
11701 Studebaker Road
Norwalk, California 90650

and

Vern L. Bengtson

University of Southern California
Los Angeles, California 90007

CG013589

* Paper presented at the 31st annual meeting of The Gerontological Society, Dallas, Texas: November 16-20, 1978.

POSITIVE CONSEQUENCES OF INSTITUTIONALIZATION: SOLIDARITY BETWEEN ELDERLY PARENTS AND THEIR MIDDLE-AGED CHILDREN

Long term institutional care for the elderly is associated with many negative images. Of these, none is more pervasive than institutionalization symbolizing the failure of family support to an aged member.

It is generally agreed that the majority of American institutions (primarily nursing homes, but also board and care facilities) provide substandard care. This popular opinion is supported by an abundance of professional literature which indicts institutions with poor care and treatment (Anderson & Stone, 1969; Butler, 1975; Gottesman & Bourestom, 1974; Kahana, 1973; Mendelson, 1974; Moss & Halamandaris, 1977; U.S. Senate, 1974). Nursing homes are viewed as "houses of death" (Butler, 1975), or have been more poignantly referred to as "the human junkyard. . . halfway between society and the cemetery" (Moss & Halamandaris, 1977).

Accompanying the negative image of long term care institutions is the negative image of the elderly persons who are residents or patients in these institutions. Studies indicate that the institutionalized elderly are highly depersonalized (Coe, 1965; Kahana & Coe, 1969), withdrawn and isolated (Jacobs, 1969), and have very weak links to the social system (Coe, 1965). Lieberman (1969) cites characteristics of the institutionalized elderly suggested by repeated studies: They tend to be depressed, unhappy, intellectually ineffective, possessing a negative self-image, docile, submissive, and having low interest in surroundings.

The elderly and their families often hold similarly negative views, so that institutionalization becomes the least desirable alternative when an older person begins to require support and assistance (Kahana, 1971; Shanas, 1960). In fact, it becomes difficult to extract any positive aspects of long term institutional care with this background. When considering the family in relation to institutionalization of an older family member, the resulting assumption can only be that those in institutions have been abandoned by their families, or that the family failed in its role of service provider. That the elderly who reside in long term care institutions have strained family ties thus becomes a widespread notion that fits into the general arena of negative attitudes about institutions and those they attempt to serve.

Recent literature on the family, however, does not seem to uphold the notion of family breakdown (Bengtson, 1978). Researchers are now identifying

the events which precede institutionalization such as death of spouse and/or children, multiple physical disabilities, mental confusion, assaults of aging on the children, changing neighborhoods, exacerbation of old family conflicts (Brody, 1966; Brody & Spark, 1966; Miller & Harris, 1965) and understanding families of the institutionalized elderly within a more positive perspective. Treas (1977) states that it is unreasonable to assume that families can effectively deal with all of the age-related problems of parents. She and others (Brody & Spark 1966; Dobrof & Litwak, 1977; Simos, 1970; York & Calsyn, 1977) discredit the belief that children have abandoned their parents in the institution.

The main purpose of this study was to discover how institutionalization of an elderly parent affected the relationship between the parent and the child who was instrumental in placing the parent in the institution, as seen by both generations. In identifying what happens to key relationships throughout the institutionalization process, several issues of institutional care may be more fully understood. The issues of importance here involve changes, whether positive or negative, in family interaction following institutionalization. The data focused on whether or not the prevalent family pattern among the institutionalized elderly is one of isolation from family as is so commonly believed, or whether there are some positive consequences as well, and what factors specific to an institutional setting accounted for the negative or positive consequences.

RESEARCH METHODS

The method employed for this study was based on the desire to obtain personal, in-depth information from family members. Open-ended interviews were held over a period of two years with resident/patients of an institutional setting and with the child who was most involved with the parent at the time of entrance to the facility (N=100). Interviews were conducted with <u>both</u> parents and children, since the perceptions of each are likely to reflect differences between them in "generational stake" (Bengtson & Black, 1973). The interviews lasted from one to three hours.

The interview focused on pre and post admission issues. With regard to pre-admission, information was obtained on the amount of contact between parent and child, what types of activity this contact involved, and feelings of family closeness and affection. Subjects were then asked to look at these three factors as they existed following institutionalization of the parent and acknowledge any changes--whether positive or negative--which had occurred. The events which led to the decision for the parent to enter the institution also were explored.

The institutional setting used in this study is a 195-bed, multi-level care facility, consisting of residential care, intermediate nursing care, and skilled nursing care. Resident-patients interviewed represented all three levels of care. Ages of the resident-patients of this facility range from 51 to 101. The age range of the resident-patients whose interviews pertained to this study was 70 to 92. The age range of their children was 50 to 71.

The facility and its clientele may not be typical of other institutional settings, since the resident-patients are predominantly Scandinavian, middle-class, and with families. The church-related facility has a good reputation, so is popular. Full occupancy is a constant and a long waiting list for all levels of care continuously exists. Since January of 1977 when 120 beds of nursing care were added to the facility, the total of admissions has been 300.

FINDINGS

Our research suggests six "ideal types" reflecting consequences for family relations following the institutionalization of an elderly parent. Five were directly manifest in interviews from the institutional population; the sixth was added on the basis of clinical observation and experience. These consequences are not meant to be exhaustive of all possible patterns, but they are frequently recurring themes among the families interviewed. They reflect improvement of family relationships following institutionalization, continuation of family relationships, and deterioration of family relationships.

A. Improvement of Family Relationships

1. Renewed Closeness: Strengthening of Family Ties

Families who have experienced institutionalization of an aging parent often have had a history of affection, respect, frequent contact, and feelings of closeness between parent and child. The long-term closeness, however, frequently has been strained by the traumas leading to institutionalization. Pre-admission events such as multiple physical disabilities or confusion of the parent may have created numerous and unnatural demands on the child and threatened to sever previously close ties.

In most of our cases, institutionalization was sought out by the child for the parent. After placement, the child became free to provide the psycho-social, emotional aspects of care. A renewed closeness was developed, with some families expressing a closer relationship than ever before. About 30% of the families interviewed could be classified in this category.

Mr. P., 82, had retired from business and lived alone on a large Idaho ranch for several years. Then his health began to decline due to lung problems. He had always been closest to his 50 year old daughter Grace, having lived with her previously following a separation from his wife. Thus, he moved out to California to live with her again.

Mr. P. and Grace both note that they "had always had great affection for each other." However, as his breathing difficulties worsened, Mr. P. became more and more fearful, and began to constantly call Grace at work. Mr. P., "demanded access to someone 24 hours a day." Grace began to respond in ways to her father in which she had never responded before, and which she did not like in herself. She became very nervous and felt irritable toward her father and toward her siblings whom she accused of not taking their share of the responsibility for the father.

Mr. P. and Grace openly discussed the growing problems and both agreed that he should enter some type of an institutional setting. Mr. P. entered skilled nursing care in February of 1977.

Mr. P. improved remarkably in his physical health and strength following institutionalization. With regular IPPB treatments for his breathing and 24 hour supportive care, he was able to advance to intermediate care. Both Mr. P. and Grace agree that, "we are closer now than we ever have been. The entire family is closer and we all see each other more often." Grace says that her father has changed. He is "sweeter than he used to be, valuing people and friendships more than business and material wealth, and verbally expressing love and appreciation for his family for the first time."

Mr. P. and Grace are representative of many other families who expressed a renewed and strengthened relationship following institutionalization.

"The last two years, I was closer to my dad than ever before...the important point is to stay in touch and let the relationship grow." (Son, age 60)

"My son has become everything to me. He is always with me." (Father, age 82)

"We are closer now because the 24 hour pressure of taking care of my mother is lifted. She is doing more for herself here than she did at home." (Daughter, age 56)

"I feel more comfortable in our relationship now because my daughter doesn't have to constantly worry about me." (Mother, age 82)

In some instances, although the child has experienced a renewed closeness with the parent, the parent was not fully aware of the pre-admission strain and therefore, viewed the relationship more in terms of an uninterrupted closeness. This may be a result of the child not having expressed negative feelings which were arising or the parent's inability to accept and be aware of increasing needs and demands.

> "I don't think she consciously realized that she had been taking her resentments toward the physical effects of her stroke out on me." (Daughter, age 56)

The overall picture, however, still illustrates a strengthening of family ties, as one member of the relationship was nearing a point of dependency which would have broken a previously close bond. Instead, through the supportive services of the institution, the child was able to draw close to the parent and grow in the relationship.

Another variation of renewed closeness appeared when the parent was suffering from a marked level of confusion. Pre-admission events were traumatic to the child. Following placement in the institution, the child was more fully able to understand and accept the confusion and find a new type of closeness to the parent. (In these cases the parent was not able to be interviewed, so an interpretation of the relationship was made from the child's point of view.)

> Mrs. E., now an 89 year old resident of skilled nursing, comes from a family whose concept was to keep her at home. For the past 8 years, according to her 54 year old daughter Alice, Mrs. E. had been getting progressively more confused to the point where she did not know her own family. Alice quit her job and took her mother into her home.
>
> Alice did not want to be a martyr, so took a very practical approach. She charged her mother for staying with her to cover the expenses and to hire people to stay with her mother when she wanted to get away.
>
> Mother and daughter lived together for a few years. Alice says of this time, "I did not recognize my mother's problems; I didn't want to accept them." Then Mrs. E. began to sneak out for walks, and as Alice's home was on a hillside, she suffered numerous falls. However, the last thing Mrs. A. wanted was to place her mother in an institution. Finally, it was obvious, however, that the only way to insure the physical safety of Mrs. E. was to move out of the hillside home which had been Alice's home for 29 years. At this point, Alice began to look for a nursing home for her mother.
>
> Mrs. E. entered skilled nursing in March of 1977. She resides on a floor which specialized in rehabilitation for disoriented persons. She is happy and can often be seen pushing others in wheelchairs. Her daughter visits about once a week, and to her surprise, Mrs. E. always recognizes her. At home, Mrs. E. had often referred to Alice as the maid or the cook. Alice expresses her present relationship with her mother in these words: "Now since she has been here, I can see her for what she really is--accept her confusion--and feel closer to her as a person."

2. Discovery of Love and Affection

A second category, represented by about 15% of our respondents, consisted of families who, after institutionalization of the parent, experienced a close relationship for the first time. The history of these

families revealed duty and obligation to be the criteria for interaction between parent and child. Interaction was often based on some type of specific task. As the tasks took on aspects associated with problems of aging, the child became instrumental in placing the parent in an institutional setting.

> Mrs. W., an 80 year old widow of Norwegian background, lived in an apartment close to her only child, Pauline (age 58). Mrs. W's apartment was on the second floor and was located in a declining neighborhood in Long Beach. Mrs. W. had been diagnosed as having cerebral arteriosclerosis and was beginning to display serious symptoms of the disease.
>
> Mrs. W. and Pauline had weekly contact, but the affection had been strained throughout their past. Mrs. W. as described by Pauline, "was always a very depressed and depressing person." "She never was outgoing nor did she ever seem to laugh and enjoy herself. She was possessive of me and expected me to be constantly attentive to her. She had always tried to live her life through me."
>
> Pauline, realizing that a change was drawing near, returned to school in order to achieve a higher degree and bolster her income so that she would be in a better position to help her mother financially with care and services. Pauline began to feel the strain of constant concern for her mother, yet she knew that she could not bring her into her own home as her husband and mother had never really gotten along due to Mrs. W's chronic depression and possessiveness.
>
> Mrs. W. entered residential care in January of 1977 under the persistence and persuasion of Pauline who had firmly decided that this was the only solution. During the first 6 months, Mrs. W. was resentful of her situation and frequently expressed anger at her daughter and at the staff of the facility. Pauline, however, refused to accept this anger and to consequently feel guilty, as she still was convinced that this was the best solution.
>
> After 6 months, the picture changed for both Mrs. W. and Pauline. Through the supportive services offered in residential care, Mrs. W. has been able to face and accept her limitations. Without having to struggle with meals and daily maintenance, she has found a freedom to do what she has the energy for and to be able to do it with pleasure. She no longer feels angry at her daughter or at the facility, and is becoming involved in running the home's gift shop, which gives her a feeling of competence, and is actively participating in group activities.
>
> Pauline now feels relief and pleasure when talking about her mother. She indicated that, "this Christmas was the first time I have ever seen my mother actually enjoy herself." She feels that, "my mother--who had never accepted life's limitations--has accepted them now and is finally free to be herself and not try so hard to be something or someone else." Mrs. W. and Pauline now have a more satisfying relationship than ever before. For Pauline, it is the first time she has emotionally felt close to her mother.

The job of the institution is to take over the technical tasks of caregiving (Black & Bengtson, 1977; Dobrof & Litwak, 1977). After institutionalization, it was no longer necessary for the child to perform these tasks, thus allowing for interaction to be based on the child wanting to see, to talk to, to do for the parent. In these cases, a relationship of love and affection was created and explored for the first time.

> "My mother demanded rather than earned respect and love. We had a poor past relationship--a love/hate relationship. Now I can do for her because I want to. I can finally love her because I want to." (Daughter, age 57)

The older member of the relationship in which this pattern emerged, did not always reveal as explicitly the history which had caused the child to feel uncomfortable in parent/child interactions. Yet, the parent did affirm a close relationship with the child following placement in the institution, and also claimed to be satisfied with the services of the institution--services which had previously been performed by the child.

> "I like the comaraderie here. And I feel very secure. I feel sorry for people who have only sons--I'm so grateful to have my one daughter." (Mother, age 76)

B. Continuation of Family Relationships

3. Continuation of Closeness

Many times when parent and child express feelings of closeness after the parent has been institutionalized, it is the expression of an uninterrupted closeness which appears throughout the family history. Institutionalization was sought as a realistic solution to the parent's growing needs and disabilities and the child's lack of training to effectively provide for them.

> "The relationship to my mother hasn't changed. We are still close. It's just as though she has moved and I am relieved of the responsibility." (Daughter, age 56)

> "I don't see how anyone could have a better relationship than I have with my daughter. What would I ever do without her?" (Mother, age 82)

> "We have remained close. We are realistic about her limitations and about ours to take care of her." (Daughter, age 57)

> "I don't feel at all neglected or far away in a corner." (Mother, age 87)

> "We have tailored our lives in order to stay close to my parents." (Son, age 71)

An underlying value of this pattern of continued closeness seemed to be

that of the importance of independence between parent and child. Institutionalization was seen as a way for independence to be maintained.

> Mrs. T. and her daughter Janet, ages 82 and 56 respectively, had always considered themselves to be good friends as well as mother and daughter. After Mrs. T's husband died, she moved into an apartment just a few blocks from her daughter. Mrs. T. didn't drive and needed assistance with shopping, going to the doctor, and other errands.
>
> This arrangement continued for 13 years. Mrs. T. and Janet enjoyed their relationship. They saw each other about four times a week. In exchange for Janet providing her with transportation, Mrs. T. helped Janet with her housework. As Janet's husband traveled extensively, her mother was a welcomed companion. They shopped, went out for lunch, and talked about family and world events. Yet, they also maintained a definite independence from each other. Mrs. T. always did as much for herself as was possible. Janet often traveled with her husband.
>
> Suddenly one day, as Mrs. T. described it, she had "a type of breakdown." She felt nervous and weak, possibly as a result of a facial neuralgia which had been bothering her. Because of her weakness, she was not able to prepare meals or do any housework. She also lost confidence in walking, which was an activity she had always enjoyed.
>
> Mrs. T. began to spend weeks at a time with Janet as she no longer wanted to be alone. Janet accepted this willingly and allowed her mother to stay with her until she felt ready to return to her own apartment. Mrs. T. states, "I had never wanted to live with my children. I have seen too many cases that resulted in resentment and bitterness among family members." She wanted to remain independent from her daughter. Consequently, Mrs. T. decided that she would move into an institutional setting. She did not ask her daughter what she thought about it, but told her that this was what she was going to do.
>
> Both Janet and Mrs. T. seem pleased that Mrs. T. is receiving 24 hour care. Janet states, "I was beginning to worry about whether or not I could provide permanent care for my mother and am happy that mother made the decision herself to enter an institution." Mother and daughter still see each other every week and talk on the phone several times a week. There are no feelings of separateness between them, but both are happy with the independence that they have. Mrs. T. and Janet continue to describe themselves as "good friends."

Many families--parents and children--expressed this same desire to maintain an independence within a close relationship.

> "I want my daughter to travel now that her husband has retired. That's what my husband and I did. That's what she should do." (Mother, age 77)

"Mother took care of her own mother and loved it. Yet, she never wanted to live with her own children though they would have gladly taken her in. She's too independent--a doer and a goer." (Daughter, age 60)

"I never wanted to live with my children--it wouldn't be good for them or for me. But we have always been very close." (Mother, age 83)

"No one put me here as some other people say. I came here because I wanted to be independent and free my daughter from having to worry about me." (Mother, age 82)

About one out of four of the families in this population could be categorized as reflecting continuation of extreme closeness following institutionalization.

4. Continuation of Separateness

Institutionalization of an older person was sometimes a reflection of a clear history of distance and lack of meaningful involvement between parent and child. When family support has not been available, so the parent had to be content with professional care giving services. About 20% of the families interviewed seem to portray this pattern.

An 83 year old German widow, Mrs. B., had been living in her own apartment and doing quite well except for some arthritis in her knees. She lived about 7 miles from her 49 year old daughter Eileen but the two saw each other only about once a month. Mrs. B. and Eileen never were intimately close as their ideas about life differed markedly. They were unable to share with each other the personal aspects of their lives.

One day with no forewarning, Mrs. B. suffered a stroke. When the doctor informed Eileen that Mrs. B. was ready to leave the hospital, placement in a nursing home was encouraged by the doctor as she was in need of full care. Mrs. B. was not able to make decisions at that time and Eileen never questioned but that her mother needed institutional care.

Over a period of months, Mrs. B's physical status improved. The question then was whether she would return to her apartment, move into Eileen's home, or go into an intermediate care facility. Eileen felt it would be "too difficult to have mother in my home. I work full-time and don't want this kind of responsibility." In addition, she had never been comfortable around her mother. She had never been free to be herself when they were together. Mrs. B. thought she could go back to her own apartment but the doctor didn't advise this. Eileen strongly encouraged Mrs. B. to enter an intermediate care facility and make it her permanent home. Mrs. B. felt "I really had no choice."

Mrs. B.. now has made her permanent home within an institutional setting. She and Eileen see each other regularly, but the visits

are not enjoyable for either. Mrs. B. feels that Eileen should come more often and tells her this when she does come. Mrs. B. also expresses disapproval of her daughter's long working hours. Eileen says, "there is nothing much to talk about when I come, so I try to leave after about one-half hour. Yet, I want my mother well taken care of, even if I'm not willing to do it myself."

C. Deterioration of Family Relationships

5. Quantity without Quality Interaction

Although some families have a history of frequent contact and involvement, motivations for such had been ambivalent. Negative feelings between parent and child were beneath the surface, but not allowed to be openly admitted.

Following institutionalization, contact between parent and child actually increased, based on a previous pattern of frequent contact, but again, with ambivalent motivations. Often, the child felt guilty about the parent being in an institution, and the parent felt angry at his or her circumstances. Neither party enjoyed the time spent together, with negative feelings becoming more acute, although both insisted on maintaining the increasing frequency of contact.

Susan, a 53 year old housewife, always feared the day that her parents, Mr. & Mrs. L. 85 and 75 respectively, would require extensive assistance from the family. Mr. L., a very strong-headed individual, had always made demands on the family members; demands which they met, but with growing resentment.

When Mrs. L. began to display signs of confusion and withdrawal, Mr. L. decided to enter a residential care facility. Although it had been Mr. L's decision to enter the facility, Susan felt guilty if she did not visit almost everyday, although when they were in their own home, she visited only about once a month. Yet, she was worried about her mother and knew that the rest of the family would not be very supportive.

Susan did not enjoy her visits. Mrs. L's confusion had become so great that she did not at all respond to her daughter. Mr. L. demanded that she run numerous errands for them and became angry if she declined to do so. The guilt which Susan felt, however, forced her to increase her visits to her parents and take on all of the responsibilities which the family might have shared. Susan stated, "After my parents came here, I felt like I had to be here all the time. I felt guilty when I wasn't here. My dad kept calling for me to do this, to do that. My brothers and sisters hardly ever come--the family has never really enjoyed being around them, because my dad was always so rude."

Some children were able to resolve the inner conflict which drove them to visit at an increasing rate despite the lack of enjoyment, and bring the

relationship at least back to the pre-admission level of interaction and closeness.

A different coping mechanism sometimes used by children who were involved in a quantity without quality relationship, however, was to become demanding and critical of staff. As the parent expressed displeasure (which likely was a symptom of the parent's anger toward the child), the child would blame staff for the parent's unhappiness and show his or her concern for the parent by making unrealistic demands concerning the care. Negative interactions thus became three-fold among parent, child, and staff members.

> "His family has become so unreasonable--they're dissatisfied with everything we do. Yet, when they're (the family) not here, he is perfectly content with his care." (Female, age 50)

6. Abdication: Institutions as a dumping ground.

None of the families interviewed from the facility used in the present research fit the stereotype of a middle-aged child abandoning an elderly parent. However, clinical observation and experience can testify to this occurrence. Seemingly, the parent had more at stake in the relationship, with the child feeling only moderately tied to the parent. Institutionalization was seen as all responsibility being lifted from the child. Visits from the child dwindled to seldom. The parent felt lonely and rejected though would tend to use the excuse of how "busy" the child always was, not wanting to put the child or the relationship in a totally unfavorable light.

As the interviews did not uncover any instances where the child had, in fact, abandoned the parent, it seems probable that in those relationships in which this had occurred, the child or parent was not honest about the relationship during the interview, or the child was not available to be interviewed.

DISCUSSION

The findings of this study do not perpetuate the stereotype that elderly persons in institutions are abandoned by and isolated from their families. Although two of the six consequences represent a negative change in family relationships, these negative changes occurred in only about 10% of the families interviewed. The most predominant patterns were that of renewed and strengthened closeness and a continuation of family closeness. Overall, these two patterns represented over half of families interviewed, as expressed by both generations.

The pattern of renewed closeness is especially interesting as it not only fails to perpetuate the notion that families have abandoned the institutionalized elderly, but also suggests the opposite--that institutionalization of an elderly member has served to strengthen family relations. Respondents noted this, and gave various explanations for this positive change. The most frequently cited reason was the alleviation of pre-admission strains created by the multiple needs of the parent.

Another major factor in renewed closeness was the physical and/or mental improvement displayed by the parent following institutionalization. This was attributed to the professional 24 hour care and skills of the institution's staff. Many families felt that they were not adequately trained to deal with the parent's problems and had felt guilty, knowing that nothing was being done to help the parent. This physical and/or mental improvement of the parent led to a greater acceptance of limitations and a more realistic approach for living within them.

Being able to spend time with the parent on an interpersonal basis, knowing that other basic needs were being provided for, led to more enjoyment of the time spent together. Time could be spent in conversation, reminiscing, and going out for social events, or in other words, in providing non-technical aspects of care (Dobrof & Litwak, 1977).

A final reason given for the strengthening of family relationships was the parent's involvement with other residents in the facility. Some parents found themselves being able to help others and to grow close to others. The parent then had something to look forward to besides family visits. Growth of new relationships also led to growth of family relationships.

> "My father is so much sweeter now. He always valued business. Now he has learned to value other people. He cherishes his relationships with some of the other men. He feels needed. He wants to be competent". (Daughter, Age 50)

> "My mother has realized there are others worse off than she is. She loves to take care of her neighbor--it makes her feel more capable." (Daughter, Age 56)

During these interviews, a fairly positive attitude about aging was expressed, even though these were the families of older people and older people themselves who had suffered various degrees of infirmity.

> "Having to deal with an elderly parent helps me to cope with my own aging, to deal with attitudes and

> stereotypes. I see the elderly as coping very well, accepting less than optimum conditions and making changes they didn't ask for." (Daughter, age 50)

Most families felt that the trauma of institutionalization had, in retrospect, provided opportunity for learning and for growth. Few children appeared devastated by having a parent in an institution, although most had suffered some degree of guilt prior to and just following placement. The majority of parents had, after a period of time, adjusted quite well to the facility. As previously indicated, close relations remained close, remained healthy; distant relations tended to be improved; families were very much intact.

Most of the families felt that they had done the best thing in seeking out the services of an institution. The decision to enter the institution was an extremely difficult one, however. Other alternatives had been tried. Many parents had been living with their children. Daughters had given up jobs to care for elderly parents. Families were also very aware of the trauma that institutionalization could cause, and were in tune to the many negative aspects believed to be part of institutional care. Yet, not finding in-home services which were adequate or affordable, the decision was made.

Parents and children expressed the need for more extensive community services. There seemed to be a particular dearth of such services for the mentally confused. One child said she was "going to write a book on the frustration of trying to get knowledgable and trained persons in the home to help with some of the problems associated with physical limitations and mental confusion." If in-home services had been more available, some children and parents would have opted for them. But, in looking at what was available and in realizing the need for 24 hour services, most felt that the right thing had been done.

> "The only thing I fear is that some day you will call and say that mother can't stay here because her confusion and behavior is so bad. Then, what could I possibly do?" (Son, age 51)

The interviews held with the elderly parents were often not as detailed as those held with the children. Parents tended to not share the details of pre-admission events and were more inclined to generalize the situation with words such as:

> "We felt it was time for me to come here." (Mother, age 76)

Also, parents saw the relationship more in terms of a continued closeness rather than a renewed closeness. Renewed closeness would have indicated the existence of a strain, however temporary, on the relationship. The interviews with the parents did, however, reveal positive attitudes about family and expressions of pride in what their children were doing. On the negative side, some parents did express a frustration that life had become so busy that their children didn't have much time for them. Usually, however, blame was not placed on the child, but on societal circumstances in general.

A final point to be recognized for this discussion was the satisfaction of both parent and child with the quality of care in the institution from which subjects were drawn. The idea of "shared functions" and "balanced coordination" between primary groups and formal organizations (Black & Bengtson, 1977; Dobrof & Litwak, 1977) was successfully utilized in the facility. Families felt that technical tasks, such as restorative nursing care and rehabilitation, provision of nutritious meals, and personal care and hygiene, were of high quality. The facility also encouraged the involvement of families in the non-technical aspects of care. Family members felt welcome and comfortable when they came to be with their parents. Had quality of care been different, and had not the institution's policies encouraged parent-child interaction, the effect of institutionalization on family relationships may have been less positive.

IMPLICATIONS FOR POLICY AND PRACTICE

The positive family consequences of institutionalization presents a challenge for policy makers and practitioners. The identification of specific consequences of institutionalization for families and the patterns which underlie them may lead to more effective counseling for families who are seeking assistance for an elderly parent. Counseling of families following institutionalization may be more effective. Perhaps much of the guilt that so many children feel because they cannot take care of their parents could be lifted if consequences are realistically explored.

The findings here indicate that family members are involved with their institutionalized parent. The program of the institution, then, must involve not only the resident-patients, but also their children and grandchildren. Families must be encouraged to be involved and not treated as intruders within the institutional setting. Dobrof and Litwak (1977) give

several suggestions for incorporating family members into the services offered to resident-patients. Some of their ideas include special Sunday entertainment for families, arts and crafts exhibits, family programs on special holidays, and days set up just to honor families such as Grandparent's Day.

The facility used for this research has an extensive program for families. Families are invited to activities throughout the year and are instructed in ways which they can give care to their parent. Orientation sessions and educational programs are also available to families so that they come to have a better understanding of long term care and of the aging process.

The concept becomes the institution as a service to families, not to isolated individuals. Such an orientation to the family concept will not be developed in most institutions, however, until gerontologists, other concerned professionals, and the American public begin to involve themselves with the policies that regulate the definition of quality care in our long term care institutions.

CONCLUSION

The findings presented here suggest that the majority of elderly persons in long term institutional care are close to and involved with their families. For some families, an uninterrupted closeness before and after admission was evident. Institutionalization, in these cases, was mutually sought as a realistic solution to the parent's problems. For a large number of families, institutionalization of the elderly parent resulted in a strengthening of family ties or a renewed closeness between parent and child. A major reason for this improvement of family relationships was the alleviation of strain and pressure caused by the multiple physical and/or mental problems of the parent. For these families the effect of institutionalization was actually to enhance the relationship between parent and child.

There was little support for the stereotype of institutions as a "dumping ground" for unwanted elderly kin. Only about 10% of parent and child combinations experienced a negative effect on their relationship following institutionalization. Some parents who were not involved with their children apparently never had been in the past, so no change in the relationship was perceived. Guilt was a predominant factor among those children who did experience a deterioration of the relationship. In general, however, the families interviewed for this study were involved with each other, enjoyed

their time spent together, and expressed strong feelings of family closeness and affection.

The professional 24 hour care provided by the institution can be and has been an intervention which supports the family structure. Institutions provide for the technical needs of elderly parents, and free the family to perform the non-technical functions of its natural role as a primary group. Unfortunately, the lack of interest among constituents and advocates--including gerontologists, in long term institutional care allows many facilities to provide substandard care, thereby lending support to the negative stereotypes which surround the institution. Only when the positive consequences of institutionalization, such as those presented here, become more widely recognized, and the factors which lead to positive consequences more fully developed, will long term institutional care reach its service potential and be accepted as part of the continuum of care offered to older people.

References

Anderson, N.N., & Stone, L. B. Nursing homes: Research and public policy. The Gerontologist, 1969, 9, 214 - 218.

Bengtson, V. L. You and your aging parent: Research prespectives on inter-generational interaction. In P.K. Ragan (Ed.), You and your aging parent, Los Angeles: University of Southern California Press, forthcoming, 1978.

Bengtson, V. L., & Black, K.D. Intergenerational relations and continuities in socialization. In P. Baltes & K. W. Schaie (Eds.), Life-span development psychology: Personality and socialization, New York: Academic Press, 1973.

Black, K. D., & Bengtson, V. L. Implications of telecommunications technology for old people, families, and bureaucracies. In E. Shanas & M. B. Sussman (Eds.), Family, bureaucracy, and the elderly, Durham, No. Carolina: Duke University Press, 1977.

Brody, E. The aging family. The Gerontologist, 1966, 6, 201-206.

Brody, E., & Spark, G. Instutionalization of the aged: A family crisis. Family Process, 1966, 5, 76 - 90.

Butler, R. N. Why survive? Being old in America. New York: Harper & Row, 1975.

Coe, R. M. Self-conceptions & institutionalization. In A.M. Rose & W. A. Peterson (Eds.), Older people & their social worlds. Philadelphia: Davis, 1965.

Dobrof, R. D., & Litwak, E. Maintenance of family ties of long-term care patients. Maryland: National Institute of Mental Health, 1977.

Gottesman, L. E., & Bourestom, N. C. Why nursing homes do what they do. The Gerontologist, 1974, 14, 501-505.

Jacobs, R. H. One way street: An intimate view of adjustment to a home for the aged, The Gerontologist, 1969, 9, 268-275.

Kahana, E. Emerging issues in institutional services for the aging, The Gerontologist, 1971, 11, 51-58.

Kahana, E. The humane treatment of old people in institutions, The Gerontologist, 1973, 13, 282-289.

Kahana, E., & Coe, R. M. Self & staff conceptions of institutionalized aged. The Gerontologist, 1969, 9, 264-167.

Lieberman, M. A. Institutionalization of the aged: Effects on behavior. Journal of Gerontology, 1969, 24, 330-339.

Mendelsen, M. A. Tender loving greed. New York: Alfred A. Knopf, 1974.

Miller, M. B., & Harris, A. Social factors & family conflicts in a nursing home population. Journal of the American Geriatrics Society, 1965, 13, 845-851.

Moss, F. E., & Halamandaris, J. D. Too old, too sick, too bad. Maryland: Aspen Systems Corporation, 1977.

Shanas, E. Family responsibility and the health of the older parent. Journal of Gerontology, 1960, 15, 408-411.

Simos, B. G. Relations of adults with aging parents. The Gerontologist, 1970, 10, 135-139.

Treas, J. Family support systems for the aged: Some social & demographic considerations. The Gerontologist, 1977, 17, 486-491.

U. S. Senate, Special Committee on Aging, Subcommittee on LTC. Nursing home care in the U.S.: Failure in public policy, Introductory report, reports 1 - 7. Washington D. C., 1974.

York, J. L., & Calsyn, R. J. Family involvement in nursing homes. The Gerontologist, 1977, 17, 492-499.